

**DECLARATION
FOR UTILITY OR DESIGN
PATENT APPLICATION**

) Attorney Docket No.: 72853
)
) First Named Inventor: Study
) _____
)
) Application Number: 10/073,663
)
) Filing Date: 2/11/2002
)
☐ Declaration Submitted With Initial Filing
)
☒ Declaration Submitted After Initial Filing
) Group Art Unit: 2645
)
) Examiner Name:

COPY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUDIBLE DIAGNOSTIC INFORMATION APPARATUS AND METHOD

(Title of Invention)

the specification of which:

- ☐ is attached hereto, or
- ☒ was filed by an authorized person on my behalf on 2/11/2002 as United States Application Number 10/073,663 or PCT International Application Number _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and I have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application, on this invention filed by me or my legal representatives or assigns and having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application Number(s)</u>	<u>Country</u>	<u>Foreign Filing Date</u>	<u>Priority Not Claimed</u>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

<u>Provisional Application Number(s)</u>	<u>Provisional Application Filing Date</u>

☐ Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120, of any prior United States application(s), or under § 365(c) of any PCT international application(s) designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose all information known by me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

<u>Prior U.S. Application Number</u>	<u>Prior PCT International Application Number</u>	<u>Filing Date of U.S. or PCT International Application</u>	<u>Patent Number (if applicable)</u>

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the practitioners associated with Customer Number 22242, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, and request that all correspondence and telephone calls in respect to this

application be directed to FITCH, EVEN, TABIN & FLANNERY, Suite 1600, 120 South LaSalle Street, Chicago, Illinois 60603-3406, Telephone No. (312) 577-7000, Facsimile No. (312) 577-7007, CUSTOMER NUMBER 22242.



I hereby declare that all statements made herein of my own knowledge are true, and that all statements made herein on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity or enforceability of the application or any patent issued thereon.

Full name of sole or one
joint inventor:

Robert Study

(Given names first, with Family name last)

Inventor's signature:

Robert Study

Date:

3/21/02

Residence:

Arlington Heights, IL

(City and State for U.S. Residents; City and Country for others)

Post Office Address:

916 N. Chicago

Arlington Heights, IL 60004

Citizenship:

United States

Full name of one
joint inventor:

Eric Robb

(Given names first, with Family name last)

Inventor's signature:

Eric Robb

Date:

3/21/02

Residence:

Carol Stream, IL

(City and State for U.S. Residents; City and Country for others)

Post Office Address:

1257 Portchester Circle

Carol Stream, IL 60188

Citizenship:

United States

Full name of one
joint inventor:

Thomas A. Brookbank

(Given names first, with Family name last)

Inventor's signature:



Date:

3/21/2002

Residence:

Chicago, IL

(City and State for U.S. Residents; City and Country for others)

Post Office Address:

111 E. Chestnut, Unit 17K

Chicago, IL 60611

Citizenship:

United States

Full name of one
joint inventor:

(Given names first, with Family name last)

Inventor's signature:

Date:

Residence:

(City and State for U.S. Residents; City and Country for others)

Post Office Address:

Citizenship:

Full name of one
joint inventor:

(Given names first, with Family name last)

Inventor's signature:

Date:

Residence:

(City and State for U.S. Residents; City and Country for others)

Post Office Address:

Citizenship: